STATEMENT OF ORGANIZATION		OFFICE USE O)
1. Name and Address of Committee	2. Date of this Statement	5/0	
Committee & Elect Neil Abramson	1/7/15	1/7	元量
5500 Prytmia Street, #314	3. Estimated Membership		
S500 Prytmia Street, #314 New Ocleans, LA 70115	1		0002
Check If:	4. Amended Statement?	00101	1 25
New Committee Monthly Filer	YesNo	#89686	~
5. All Committee Officers and Directors (including Chairperson, Treasure	er, if any, and any other committee o		
a. <u>Name</u> b. <u>Position</u>	c. Address	CI.L # 714	
Neil Abramson Chairperson Treasurer	Now deland	Street, #314 LA 70115	
rreasurer	your onens,	L/7 /01/19	
6. Affiliated Organizations			
(Any organization, other than a political committee, which directly or in	directly established, administers, or		ee.)
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee	
////			
7. All Depositories for Committee Funds (committee funds must be depo	sited in one or more banks or savin	gs and loan institutions or money	market mutual
a. Name b. Address			
	IIL A. No d	de = 1 1 71	ı, 0
Capital One 1100 S. Carra	Ilter Ave, New O	riems, C77 701	7 0
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Ch.	eck one: Principal Camp	paign Committee Sub	sidiary
Committee	eck one i incipal camp	1	
b. Name of Candidate		c. Office Sought by the Cand	idate
AL TOMA		Hospin Assia	
9. a. Name of Person Preparing Report Neil Ablamsa			94
b. Daytime Telephone S04 - 897 - S		and correct to the best of our knowle	adae information
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.	MENT OF ORGANIZATION IS TITLE AT	·	
This	<u>15</u> .	in the second se	
A. A. Clari		714-097 CU	16
Signature of Committee Chairperson	<u>ل</u> . ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن	time Telephone Number	<u>/ /</u>
Signature of Committee Treasurer, if any		rtime Telephone Number	
July Signature of Committee Heastifet, It ally	Day	rame relephone nullingi	

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